


 <b>NORFOLK</b> Department of Police		<b>Operational General Order OPR-795: Tactical Trauma Care</b>	
		Office of Preparation: Office of Support Services (adr)	
		<b>CALEA:</b>	41.3.2
LEGAL REVIEW DATE:	8/4/2017	PRESCRIBED DATE:	8/14/2017
City Attorney:		City Manager/Director of Public Safety:	
APPROVED BY THE AUTHORITY OF THE CHIEF OF POLICE:			

### Purpose

The purpose of this order is to provide guidelines for the use of Tactical Trauma Care by sworn personnel.

### Policy

The Norfolk Police Department is committed to providing the citizens of Norfolk the highest quality public safety services. Occasionally there are circumstances when law enforcement officers, other emergency services personnel, and citizens may be injured due to penetrating objects, becoming a victim of a crime, or vehicular accidents resulting in uncontrolled hemorrhaging. With the goal of maximizing survival, Norfolk Police Department's Tactical Trauma Care policy addresses optimal care that could be utilized in these situations to provide immediate critical lifesaving techniques.

It is the policy, and commitment of the Norfolk Police Department, that Norfolk Police Officers be prepared, and trained to the highest level in the protection of the human life of all citizens.

### Order Contents:

- I. Qualifications
- II. Equipment
- III. Use Guidelines
- IV. M.A.R.C.H. Acronym
- V. Definitions

## I. Qualifications

### Basic Norfolk Police Department Tactical Trauma Care Course

All sworn officers of the Norfolk Police Department are required to attend the Basic Norfolk Police Department Tactical Trauma Care Course as well as in-service training as determined by the Commanding Officer of the Training Division. The successful completion of the course will authorize sworn personnel to administer tactical trauma care while in the performance of their duties with departmental issued equipment.

## II. Equipment

The Norfolk Police Department will issue an **Individual First Aid Kit** to every sworn officer that successfully completed the Norfolk Police Department Tactical Trauma Care Course, and will be authorized to use the contents of a **Critical Response Kit** while in the performance of their duties.

### 1. Individual First Aid Kit (IFAK)

- A. Every sworn officer that has completed the Basic Norfolk Police Department Tactical Trauma Care Course will be issued an Individual First Aid Kit.
- B. Officers must have their issued Individual First Aid Kit available to them while working in an on-duty capacity.
- C. Each Individual First Aid Kit should contain the following:
  - a. Carry Pouch
  - b. S.W.A.T. – Tourniquet
  - c. Z-Fold Gauze
  - d. Disposable Gloves
  - e. 3' Duct Tape

### 2. Critical Response Kit (CRK)

- A. Critical Response Kits are issued to individual commands and should be made available for officers to sign out at the beginning of their assigned shifts.
- B. Each Critical Response Kit should contain the following:
  - 1. Carry Bag.
  - 2. C-A-T Tourniquet (x4)
  - 3. S.W.A.T. Tourniquet (x2)
  - 4. HALO Chest Seal (x3)
  - 5. 6" Trauma Bandage (x2)
  - 6. 4" Trauma Bandage (x2)
  - 7. S-Rolled Gauze (x4)

8. N95 Particulate Respirator/Mask (x2)
9. Trauma Shears
10. Pouch containing Disposable Gloves
11. Triage Care Cards and Marker Set
12. Hemostatic Z-Fold Gauze (CELOX) or QuikLitter

3. Maintenance and Replacement

A. Officers are responsible for the care and maintenance of their issued Individual First Aid Kit.

1. Officers will inspect their issued Individual First Aid Kit to ensure the contents are functional.
2. To expedite the replacement of any damaged or used items of the Individual First Aid Kit, officers are required to immediately report the circumstances to their immediate supervisor, and complete and submit the IFAK/CRK Inventory Form to the Tactical Trauma Care Program Coordinator.
3. Every command will be issued ten (10) Individual First Aid Kits and pouches. Once the inventory has been depleted to five (5) Individual First Aid Kits, the Commanding Officer or the designated supervisor, will contact the Tactical Trauma Care Program Coordinator for inventory replenishment. Completed and approved IFAK/CRK Inventory forms will be submitted at the time of the request with any remaining unused Individual First Aid Kit items.

B. Care and maintenance of issued Critical Response Kits will be the responsibility of the individual commands. (CALEA 41.3.2)

1. The commanding officer, or designee, will inspect assigned Critical Response Kits and ensure the contents are functional.
2. Critical Response Kits should remain sealed until deployed to provide trauma care.
3. Critical Response Kits with any used items, or damaged seals, will require officers to immediately report the circumstances to their immediate supervisor and complete and submit the IFAK/CRK Inventory Form to the Tactical Trauma Care Program Coordinator for replacement. The Critical Response Kit will be removed from service and a spare Critical Response Kit, maintained by the command, will be placed into service until it is replenished.



4. Every command will be issued (5) five additional Critical Response Kits. Critical Response Kits that are used will require the commanding officer, or his designee, with a completed and approved IFAK/CRK Inventory Form, to contact the Tactical Trauma Care Program Coordinator for replenishment or replacement. Inventory forms will be submitted at the time of request with any remaining unused Critical Response Kit items.

### III. Use Guidelines

1. Individual First Aid Kit
  - A. Individual First Aid Kits are designed for use on the individual officer. Any use of this kit on anyone other than the individual officer is at the discretion of the officer. Officer should consider whether the situation provides a reasonable belief that the individual officer will not need any of the Individual First Aid Kit contents for personal use.
2. Critical Response Kit
  - A. Critical Response Kits are designed for situations where multiple patients are present and immediate care is needed that goes beyond the capabilities of the Individual First Aid Kit.
3. Patient Assessment M.A.R.C.H.
  - A. Officers shall use the M.A.R.C.H. treatment guide to assess patients before applying the appropriate trauma care technique or equipment.

### IV. M.A.R.C.H. Acronym

The Tactical Trauma Care training course which is derived from the medical training Tactical Combat Casualty Care (TCCC), that United States troops are currently taught to save lives on the battlefield, use the M.A.R.C.H. acronym. The acronym is used in the assessment and order of treatment, descending in order of importance, when treating life threatening wounds of officers and citizens. Each letter in the M.A.R.C.H. acronym stands for the following:

1. Massive Bleeding – The most preventable condition that can be treated by properly trained first responders. Caused by a penetration to a major blood vessel or a complete or partial amputation. Any bleeding that is bright red, squirting, or heavy is considered massive bleeding and needs to be treated immediately. There are three treatments for massive bleeding:
  - A. Proximal Pressure – Direct pressure of an injury to the surface of the wound.

- B. Tourniquet Use – Is used to treat the massive bleeding of a limb. Placed high up on the affected limb and tightened until the bleeding stops. Tourniquet should be removed only by a trained medical professional.
  - C. Wound Pack – Is used when the wound is deep or on the trunk of the individual. The gauze or dressing is placed as deep into the wound as possible to maximize the clotting effect. Dressing soaked through with blood is not to be removed as it will remove the clot you are trying to form. Once the injury is packed, wrap it with another bandage to secure the packing in place.
2. Airway – The second most preventable condition that can be treated by properly trained first responders. If an individual cannot breathe, he or she will expire in roughly four minutes. **If the individual can talk, cry, laugh or scream, they have a clear airway.** There are three treatments for the Airway:
- A. Manual Maneuvers – Is the head-tilt/chin-lift maneuver which when done properly will displace the tongue opening the airway.
  - B. Recovery Position - A position in which the patient is placed on the left Side, with the left arm moved aside and supported to allow for lung expansion, and the right leg is crossed over the left leg. This position affords the unconscious, breathing individual the best protection from airway occlusion or aspiration of fluids in the lungs.
  - C. Cardiopulmonary Resuscitation – C.P.R. is the manual application of chest compressions and ventilations to individuals' in cardiac arrest.
3. Respiratory – After massive bleeding and airway have been addressed, the individuals' respiration needs to be checked. This is done by removing any body armor, and outer clothing, and then looking for an equal rise and fall of the chest, listening for breathing, and feeling the chest rise. The risk to respiration is a pneumothorax which is caused by a penetration to the chest cavity that lets air into the area surrounded by the rib cage that protects the lungs and heart. The treatment for respiratory distress due to a penetrating wound to the chest cavity is:
- A. Chest Seal - A chest seal is an occlusive dressing designed to treat penetrating chest wounds which will seal the wound and prevent air from entering the chest cavity. Always check for an exit wound and seal as well. In situations where a chest seal is not available a first responder can place his hand over the wound or use any airtight wrapper.



4. Circulation – The procedure to address circulation in the sequence is to check the individual for shock. In the case of traumatic injury due to blood loss, and as the body comes down from its amplified state, immediately following an injury, the body begins to shut off blood flow to the outer less essential areas. The first responder should check for shock by checking the individuals' wrist pulse. If there is no pulse, it is an indication that the body is no longer pushing blood to the hands in order to keep it for vital bodily functions and the individual is going into shock. The treatment for circulation is:
  - A. Pressure Dressing / ETD - Check for any injuries that are causing blood loss. If there is an injury the Pressure Dressing / Emergency Trauma Dressing is to be used on the injury to stop blood loss. The individual going into shock should also have their feet elevated unless there is any indication that the individual may have a spinal injury, in which case do not elevate their feet as this could paralyze the individual.
5. Head / Hypothermia – The procedure to address a Head / Hypothermia issue in an individual will vary as both refer to different treatments.
  - A. The Head portion of the M.A.R.C.H. sequence refers to the identification of a traumatic brain injury that needs to be passed on to medical personnel. Signs of a traumatic brain injury includes an altered mental state, "Raccoon Eye" shaped bruises around the eyes, clear yellow fluid leaking from the ears, mismatched pupil size, and any bumps or deformations of the skull.
  - B. The Hypothermia portion of the M.A.R.C.H. sequence refers to the body's diminished ability to retain heat due to blood loss or injury. To prevent Hypothermia, the individual should be kept warm and if possible placed in the shock position. Weapons are to be removed from the area surrounding the individual.

## V. Definitions

1. Tactical Trauma Care Program Coordinator – A member of the Norfolk Police Department designated by the Chief of Police responsible for providing tactical trauma care training to the members of the department and the issuing and maintaining of the IFAK / CRK inventory.
2. Designated Supervisor- A Corporal or Sergeant designated by the Commanding Officer of the precinct to handle administrative duties within the patrol division, and the point of contact for the Tactical Trauma Care Program Coordinator.
2. Individual First Aid Kit (IFAK) – Personally issued first aid kits designed for use on the individual officer.
3. Critical Response Kit (CRK) – Trauma supplies for situations where multiple

patients are present and immediate care is needed that goes beyond the capabilities of the IFAK.

4. M.A.R.C.H. – The acronym which represents the order of treatment, descending in order of importance. Those being the following:
  - A. **M**- Massive Bleeding
  - B. **A**- Airway
  - C. **R**- Respiration
  - D. **C**- Circulation
  - E. **H**- Head/Hypothermia